### mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

STATE OF	MARY	LAND-C	CERTIFI	CATE	OF	DEATH
----------	------	--------	---------	------	----	-------

1. PLACE OF DEATH		(119)	TC
County Dorchester		Registration Dist. N	0. 16
Village or City unuren oreginal Length of residence in city provious where deat	(If	No.  death occurred in a hospital or institution, give its NAME instead  How long in U.S. if of foreign birth?	
2. FULL NAME	er actual	If U. S. Veteran, specify WAR	~·····································
(a) Residence: No.	Cuk	St., Ward.	
DEDGOULL AND COLORS	(Usual place of abode)	If nonresident give city	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF	DEATH
terrele 1. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH	3 17, 193 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1.	22. I HEREBY CERTIFY, The	
	11.1	0 0 0 0 0	2 , 193
5. DATE OF BIRTH (month, day, end year)	1/11/1836	I last low have alive on 3 Gh	; death Is sa
7. AGE Years Months 3	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER,	011	g,	
SAWYER, BOOKKEEPER, etc.	on pear	Hastroenteritis	2w)
work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this		
year)	occupation	Other Contributory Canses of Importance:	
2. BIRTHPLACE (city or town)	al Creda	Maraanus ou	ce buth
(Stete or country)	ned	Boly has continuous	y Leeve go
13. NAME Palle	10/	improper formula until	July 26, 19
13. NAME Parties Q	al Grek	Name of operation	Date of
(State of country)	1 - Domes	What test confirmed diegnosis?	Vas there an eutopsy?
15. MAIDEN NAME 6	area a	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso	the following:
16. BIRTHPLACE (city or town)	dan Hice	Accident, suicide, or homicide? Date of i	njury, 19
(State or country)	Place	Where did Injury occur?	
17. INFORMANT MAS ME all	all.	(Specify city or town, or Specify whether injury occurred in INDUSTRY, In HOME, or I	n PUBLIC PLACE.
(Address)	Creek Her	• • • • • • • • • • • • • • • • • • • •	
8. BURIAL, CREMATION, OR REMOVAL	St.	Menner of injury	
Place Tellan These m	Bate 7 19 5%	Nature of injury	
19. UNDERTAKER JS LOC (Address)	the me	24. Wes disease or injury in any wey releted to occupation of	deceased? 44
6 4 41	0 1 0	(Signed) at Survey	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chromic intenstitial manhattic	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLA	ND-CERTIFICATE	OF DE	ATH
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8	6	)	E	ſ	1	
0	4	5	()	1	3	

1. PLACE OF DEATH	HIN CORPOR		97)	
County Dorchester *ITI	***************************************	TH LIMITS OF	Registration Dist. No.	II6
Village or City Cambride	ge-		No. X	St.,Ward
Length of residence In city or town where	death occurred	5 Iyrsmos	death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or institution, give its NAME instead of death occurred in a horpital or death occurred in a horpital or death occurred in a horpital or death occurred in a horpital occurred in a horpital or death occurred in a horpital occurred in a h	street and number)
2. FULL NAME William V			if U. S. Veteran, specify WARNo.	
(a) Residence: Noillis			St Ward. I	
(a) residence. No.	(Usual place	of abode)	If nonresident give city o	r town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE WILDOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  August 15th  (Month) (Day	, 193_6
5a. If married, widowed, or divorced HUSBAND of Florence I (or) WIFE of	eland.		22. HEREBY CERTIFY, That	, , , , , , , , , , , , , , , , , , , ,
6. DATE OF BIRTH (month, day, and year)	2/6/1851		Hest saw h malive on and 13	19.36 : death is sain
7. AGE Yaars Months	Days	If LESS than	to have occurred on the date stated above, et 8 P.M.m.	
85 6	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of import ware as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None		Semit	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	x		arteris & Selevino	
10. Date daceasad last worked at this occupation (month end year)	spe	ime (yaars) ntin this X upation		
12. BfRTHPLACE (city or town) Hooper (Stete or country)			Other Castributary Causes of importance:	
13. NAME Wesley Adams	3	202	-	
13. NAME Wesley Adams 14. BIRTHPLACE (city or town)		and,	Name of operation.	Date of
5 15. MAIDEN NAME Emily lar	ker		What tast confirmed diagnosis? Was  23. If death wes due to external causas (VIOLENCE) fill in also th	
15. MAIDEN NAME Emily Tar 16. BIRTHPLACE (city or town)Anna (State or country)	polis,	d.	Accidant, suicide, or homicide? Date of inju	
17. INFORMANT Charles G. A. (Addrass) Cambrige	dams		(Specify city or town, cour Spacify whether Injury occurred in INDUSTRY, in HOME, or In I	ty and State) *UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Cambridge Md.	Dete8/	I8.3619	Nature of injury	
19. UNDERTAKER Granvill e S (Addiess) Cambridge	LeCom	pte	24. Was diseesa or injury in any way releted to occupetion of de	ceesad? 22
20. FILED & //8/ , 1931	oly	Registray	(Signed) Caricle	in M. F
I more	blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

LION is very important.

N. B.—WRITE PLAIN

PHYSICIANS should state

of OCCUPA-

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	DEAT	ГН			(31)		
CountyI	orch	ester			Registrați	on Dist. No. 112.	
Village or Ci	ity	Near Vi	enna		No	64	Ward
Langth of resid	dence in cit	y or town whera d	eath occurred	7_yrsmos	death occurred in a hospital or institution, give its NAds. How long in U.S. If of foreign birth?	ME instead of street and n	umber)
2. FULL NAM					If U. S. Veteran, specify WAR		
(a) Residence	ce: No	Vienna,	Md. F (Usual place	F.D. of abode)	St., Ward.	leot give city or town and	
PERSON	AL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH	
s. sex Female		lored	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August	t7,	193_6
5a. If married, widowed, or divorced HUSBANO of Orniel Allen				T.	22. I HEREBY CERTI	FY, That I attended d	lecaased from
6. DATE OF BIRTH (	month, day	, and year)	869		July 15th . , 19 36, to last saw h. 9 T. alive on July 1	5th.,1936.	, 19.00.
7. AGE Yaar	s	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at8		
	07	?	?	ormin.	The PRINCIPAL CAUSE OF DEATH and related c ware as follows: Chronic Interstitia		Oate of onset
SAWYER, SAWYER, SAWYER, SAWYER, SAW MILI 10. Date decease this occup year) 12. BIRTHPLACE (city (State or coun	ork dona, a BOOKKEEI BUSINESS IN done, as S L, BANK, a d last work nation (mon	as SPINNER, PER, etc which LLK MILL, tc ked at thandy 19:	Own h	omeime (years) nt in this Life	Other Contributory Causes of importance:		
13. NAME		oper Ce	-				
(State or		Ma	ryland	County	Name of operation What test confirmed diagnosis?		
15. MAIDEN NAM	ME	Johan	n Pinke	tt	23. If daath was due to axternal causes (VIOL ENCE	) fill in also the following:	
15. MAIDEN NAM			chester yland	County	Accident, suicide, or homicide?  Where did injury occur?  (Specify city Specify whether injury occurred in INDUSTRY, in		
17. INFORMANT (Address)	Vien	rs. Ruf	us Pink	ett	Specify whether injury occurred in INDUSTRY, in	HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATI	ON, OR R	EMOVAL		10., 19.36	Manner of injury		
19. UNOERTAKER(Address)		J. Fram			24. Was disease of injury in any way related to eco	cupation of deceased?	No.
20. FILEO Cug	¥,1	936 Eli	gabith 9	r. braft.	(Signed) Oyuard (Address) Vie ma, Md	· Munt	M. D.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	difference (all distributions)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
CONTRACTOR NATIONAL TO THE SECRET			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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### STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH	(131)
County Dorchester	Registration Dist. No. 117
Village or City Vienna, Md., R.F.D.	Np. St Ward
(If Length of residence in city or town where death occurred7.5_yrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas J. Baltimore	If U. S. Veteran, specify WAR
(a) Residence: No. Vienna, Md., R.F.D. (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE Colored  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (ruprite the word) Married	21. DATE OF DEATH  August 29 , 193 6 (Month) (Oay) (Year)
5e. If married, widowed, or divorcad HUSBAND of (or) WIFE of Mary Baltimore	22. HEREBY CERTIPY. Thet I attended deceased from
6. DATE OF BIRTH (month, dey, end year) About 1861	Wastysaw h/AV) alive on aug 78 / deeth is said
7. AGE Yaars Months Days If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were apriglious:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Retired Farmer.  9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc.  1D. Date deceesed lest workad at this occupetion (month and year) spant in this occupetion.	Chronic interstitial replaities. Duration .  about fine years. Cur. G.R.
12. BIRTHPLACE (city or town) Vienna (Stete or country) Maryland	Other Contribution Gauses of importance:  A Serfer Survey  H As Angel
监 13. NAME Durham Baltimore	
H 13. NAME Durham Baltimore 14. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland	Name of operation Date of What test confirmed diagnosis ( What test confirmed diagnosis ( ) Was there an autopsy?
置 15. MAIDEN NAME Mary Johnson	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary Johnson  16. BIRTHPLACE (city or town) Dorchester Co.  (State or country) Maryland	Accident, suicide, or homicide? Date of injury
17.INFDRMANT Mrs. Mary Baltimore (Address) Vienna, Md., R.F.D.	(Specify city ot town, county and State) Specify whether injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Vienna, Md. Data Aug. 31 , 19.36	Manner of injury
19. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Md.	24. Was diseasa or injury in any way related to occupation of deceesed?
20. FILED aug 30, 1936 Elizabeth & braff-	(Signed) (Signed) M. D. (Address) Handle and Many

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Exam	ple ECEIV	ヒレ	Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
ADD	ITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIA	N

### STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	3
County Dorohisto WITHIN CORPORATI	Registration Dist. No. // 6
Village or City Cambudge	NoSt.,Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where deeth occurred	1.0
2. FULL NAME Infant 12 an	Rley If U. S. Veteran, specify WAR
(a) Residence: No. 15 Edgeword Con	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	L. DATE OF DEATH CLUB
1 etc single	(Month) (Dey) (Yeer)
5e. M married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I ettended deceesed from
(OF) WIFE OF	ang y 1931 to line 21 1926
6. DATE OF BIRTH (month, dev. end year) and 1931	i lest saw elive on
7. AGE Years   Months   Deys   If LESS then	to have occurred on the date steted above, at the state of the state o
Stillbarn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8 Trade profession or particular	were of fally's: lbon 4 mas. Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	,
9. Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
year) occupetion	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
14. BIRTHPLACE (city or town) Baranlung	
4. BIRTHPLACE (city or town) Sarsonleur	Name of operation
(State of Country)	What test confirmed diegnosis?
15. MAIDEN NAME Comelia Carply	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Conclise Carkly 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
E (Stete or country)	Where did injury occur?
17. INFORMANT Complex Backley (Address) 15 Edecard Company Company	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR MEMOVAL Place Coubin dae Dete 8-21 1936	Menner of Injury
	Neture of injury
19. UNDERTAKER Robert morning friend	24. Wes diseese or injury in eny way releted to occupetion of deceesed?
(Address) 13 Edgewood are Cathefred	all so, specify — Canada Al Mela
20. FILED 8 - 21, 1936 John mare gry	(Signed) M. D.
Registry.	(Address) Cala

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 4 1935	of the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	BY	Y PHYSICIA:	N
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V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE O	OF L	DEATI
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1. PLACE OF DEATH	'F MAK	LAND	S253
County Dorchester			Registration Dist, No. 119
Village or City Crochero	n		No 37 St Ward
Langth ot residence in city or town where d	eath occurrad_8	(I) 8_yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME Amanda R.	Brambl	e	If U. S. Veteran, specify WAR
(a) Residence: No. Croche	ron, Md.		St., X Wird.  If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARR OR DIVORCED Widow	(write the word)	21. DATE OF DEATH (Month) (Pay) (Year)
5e. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Late Marcell	us Bram	ble	22. I HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, day, and year) 3/	6/1848		liest saw h alive on 19 death is said
7. AGE Yeers Months	Days	If LESS then	to have occurred on the date stated above, 2-301-m.
88 5	13	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
9. Industry or business in which work was dona, as SILK MILL.	Tone		Of led Coleta, July
SAW MILL, BANK, etc	11. Total tir spen occu	me (yaars) t in this pation	and a ling
12. BIRTHPLACE (city or town) Crock (State or country)	neron, M	id.	Other Centributer Canses of importence:
置 13. NAME Z. Johnson,			
HE 13. NAME Z. Johnson.  14. BIRTHPLACE (city or town) Crache (State or country)	eron, Md	•	Name of operation.  What test confirmed diagnosis?  Was there en autopsy?
15. MAIDEN NAME Not K	10wn		23. If daath wes due to axtarnal causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME NOT KY 16. BIRTHPLACE (city or town)			Accident, suicida, or homicide? Date of injury 2 1,19
17. INFORMANT Mr. Guy N. (Address) Crocheron,  18. BURIAL, CREMATION, OR REMOVAL			(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Placa Crocheron, Md.		22/36,19	Mannar ot Injury
19. UNOERTAKER Granville (Address) Cambrid		ipte	24. Was disease or injury In any wey related to occupation of deceased?
20. FILEO Graguet 2), 1936 Wi	son D.	Registrar.	(Addrass) Justic & Candodge E.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Special and Control of the Control o	1	,		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

V. S. No. 1

PHYSICIANS should state ercord. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT I CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08736
1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. // @
Village or City Williamsburg	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Beby Brigas	If U. S. Veteran, specify WAR
(a) Residence: No. Williamsburs (Ma	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (garrie tha word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from  Aug. 22 1936 to lug. 22 1936
6. DATE OF BIRTH (month, day, and year) Quast 22 1936	I lest saw h. & 2 aliva on dug. 22 , 1936; death is said
7. AGE Years Months Days H LESS than	to have occurred on the date steted above, at 9 - 4 - m.
Stillforn 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	Date of onset
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last workad at  11. Total tima (years)	2 t. Dyfrann
work was done, as SILK MILL, SAW MILL, BANK, atc.	Description
10. Data deceased last worked at this occupation (month and spent in this	(40mac.)
year) occupation	Other Centributory Causes of Importance:
12. BIRTHPLACE (city or town) Williamsburg	Other Contributory Clares of Importance.
(Stata or country) Marylands	Thobably fueta
13. NAME John C. Phiggs	0 / 0
14. BIRTHPLACE (city or town) Dorchestel Co	Nema of oparation
(Steta of country) Maryland	Whet tast confirmed diagnosis? Wes thara an autopsy?
15. MAIDEN NAME Carrie Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Williamsburg (State or country)  Marshadd	Accidant, suicida, or homicide?Date of injury19
17. INFORMANT John C. Bridges	Whare did injury occur?(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Williamsbuff Md.  18. BURIAL, CREMATION, OR REMOVAL	M =
Place Dinners Run Medone aug 23, 1936	Nature of injury
19. UNDERTAKER J. J. Framptom + Son (Address) J. Federalsburg, ma.	24. Was disease or injury in any way releted to occupation of dacaasad?
20. FILED lug. 22, 19 36. Cht. W Harting	(Signed) of M. Conclus M. D.  (Addrass) Jederalsburg, Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	1	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 1935	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		, 65		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
WINDITIONAT	SIACE	LOI	LOKTHER	STATIMIEMIS	DI	THINKSTAM

ę.	P.			
		7		

V. S. No. 1

1. PLACE OF DEA		T MAK	YLAND—	CERTIFICATE OF DEATH 8254
County Dorc	hester			Registration Dist. No.
Village or CityN			(1)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  5 ds. How fong in U.S. if of foreign blirth? yrs. mos. ds.
2. FULL NAME	Andrew	Jackson	Calloway	If U. S. Veteran, specify WAR
				St., Ward.  If nonresident give city or town and State
PERSONAL AN	ID STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
	or or race	5. SINGLE, MARK OR DIVORCED Mail	(write the word)	21. DATE OF DEATH  August 11 ,193 6 (Month) (Dey) (Yeer)
5e. If married, widowed, or divention HUSBAND of (or) WIFE of F.1		e Callov	vay	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, da	v. and vear) Au	gust 6.	1853	Viast saw, 1.11) alive on aug / 7 / 193; death is said
7. AGE Years 83	Months	Days 5	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:25 mp · M ·  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or pkind of work done, SAWYER, BOOKKEE Industry or business in work was done, as: SAW MILL, BANK, TO. Date deceased last worthis occupation (my year)	as SPINNER, PER, etc n which SILK MILL, etc	Farmer Own farm  11. Total tir spen occur	•	Carmie. Muyo Cardile, 1933
12. BIRTHPLACE (city or town) (Stete or country)	Dorch Maryl	ester Co	ounty	Other Contributory Courses of importance:  Linear Contributory Courses of importance:  11111111111111111111111111111111111
# 13. NAME JON	athan C	alloway		
14. BIRTHPLACE (city or to (State or country)	Maryl	ester Co	ounty	Name of operation Von Date of Was there an autopsy? 1/0
15. MAIDEN NAME S	arah Dr	ane		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or to (Stete or country)  17. INFORMANTMTS.	Mar Eliza	comico yland Jane Ca	lloway	Accident, suicide, or homicide?
(Address) Sea 18. BURIAL, CREMATION, OR F Plece Cokest	REMOVAL	el., R.I		Menner of injury
19. UNDERTAKER J. (Address) Fed	J. Fram eralsbu	ptom & S	Son Vland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED (12,	. 11/		hatings Registyler.	(Signed) (Address) The additional of the Company of
	If more l	blanks are needed, ac	ldress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Ex	ample I	- 1	Example II		
The principal cause of deat of importance were as follows:	h and related causes ws:	1	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	SEP 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.	3. 1			
Other contributory causes	of importance:		Other contributory causes of importance:	CHARLES	
Gallstones		May 1,1923	Gastroenteritis	1 year	
				111111111111111111111111111111111111111	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8255
1. PLACE OF DEATH	
County Dorchatn	Registration Dist. No. 116
Village or City Sales and	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME UNAME W. CON	Armandi U. S. Veteran, specify WAR
(a) Residence: No. Salem	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
male Male OP DIVORCED ("write the yord)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Minne Darker	22. I HEREBY CERTIFY. That I ettanded deceased from
A DATE OF SUPER CONTRACTOR	1. 2 01/1
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	
1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	Mary Mary
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Mute Myocarditie ang 20
work was dona, as SILK MILL, SAW MILL, BANK, etc.	70 4 41 0 04 1
10. Date deceased last worked at this occupation (month end 1 9 3 4 spent in this	The ocute intestinal abstruction and possibly
this occupation (month end 1936 spent in this occupation 50)	- Les to cancer There un no autopsy - Cargo
12 DIDTUDI 4 OF /city and the	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	news meerinal Cortsum day !!
13. NAME fant Corhman	a possibly disk to surely "a 12
14. BIRTHPLACE (city or town)	Name of operation 2000 Date of
(State or country)	What test confirmed diagnosis? Chincal Was there an autopsy? Mo
IS. MAIDEN NAME	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
State or country)	Where did injury occur?
Fral C-1	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jeyms delind Ind Date ang 2 4 1986	Natura of injury
13 11/1	100
19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
(nuuros)	If so, specify
20. FILED 8-24, 1936 Chille Mace De , Registrar.	(Signed) felle M. D. (Address) M. D.
Acgular.	( pouros) find the man finds and the

If mor blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Example I	i i	Example II	7000
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors are seller to			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones V. S.	May 1,1923	Gastroenteritis	1 year
			2000

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1864

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3. SEK

7. AGE

OCCUPATION

(Address)

(Addrass)

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH HAIN CORPORATE County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. ds. Garage If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write tha word) (Month) (Day) (Year) 5a. If marriad, widowed, or divorcad HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of to aug / 6. DATE OF BIRTH (month, day, and year) Months If LESS than to have occurred on the date stated above, at ... 7. L. A. m. Years Davs 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importanca or\_\_\_\_min. Date of onset 8. Trade, profassion, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, atc.\_\_\_ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased last worked at this occupation (month and spent in this year) ..... occupation Other Contributory Causes of Importanca:

12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city of fown) (Stata or country) OTHER 15. MAIDEN NAME

23. If death was dua to axternal causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_\_\_\_\_19 Where did injury occur?\_\_\_

16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER

Registrar.

If so, specify (Signed)

Nama of oparation.

Manner of injury

Nature of injury

(Specify city or town, county and State)

What test confirmed diagnosis? Was there an autopsy?

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,

24. Was disaase or injury in any way related to occupation of decaasad?

If more blanks are needed, address State Register, 241x N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	
	11491,1020	dusa venter tus	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

tem of infor-	should state	f OCCUPA-	/
RECORD. Every i	Y. PHYSICIANS	Exact statement of	
IS A PERMANENT	stated EXACTL1	properly classified.	certificate.
HIS	be s	be I	of c
PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Dochest	Registration Dist. No. // 6
Village or City Venna	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?ms
2. FULL NAME Saude W. S. Freds	
2/1	St Ward.
(a) Residence: No. / Claude Mac. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male al Suple	(Monta) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended daceasad from
(or) WIFE of Legla	ang. 22. 19 36, 10 Fig - 2 3 - 19 He
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19 34 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Da 6 - apropolate 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Irada, profession, or particular	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Eplesey
9. radustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Data daceased last worked at 11. Total time (years)	
this occupation (month end 21-36 - spent in this 4 Zee	
12. BIRTHPLACE (city or town) Dales,	Other Contributory Causes of importance:
(State or country) 7- Carling	Horney
13. NAME Plante Danster	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town) 72 Constant or country)	23. If death was dua to axtarnal causas (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) 72- Care	Accident, suicide, or homicida?
State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT albert Pleters	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass)  18, BURIAL, CREMATION, OR BEMOVAL	
Place Waugh lanetery pater Huy 26 1936	Manner of injury
of de stoo.	Neture of injury
19. UNDERTAKER (Address) Ambradae Wed	24. Was disease or injury in any way related to occupation of deceasad?
Flid 21	If so, specify  (Signed)  M. I
20. FILED 12 7 , 18 C TYUM WAR. Register.	(Addrass) Markles 120
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

5259

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 wcek ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Fuly 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. EXACTLY. give Its NAME Instead of street and number. <sup>2</sup> FULL NAME RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 6 SINGLE. 3 SFX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. PERMANENT C WIDOWED OR DIVORCED (Dav) (Year) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 5. to ... pino (Day) (Year) 7 AGE If LESS than of and that death occurred on the date stated above, at 1 day, hrs. E (5 The CAUSE OF DEATH \* was as follows: THIS OR min.? d OCCUPATION 20 ppiied (a) Trade, profession, or ons particular kind of work SO (b) General nature of lodustry instructi business, or establishment in UNFADING term carefully which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) • Duration) 20 10 NAME OF FATHER Q (Signed) ouid S 191 11 BIRTHPLACE (Address) Z OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, RE SUICIDAL OF HOMICIOAL 0 12 MAIDEN NAME OF MOTHER Ad 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the 0.0 S OF MOTHER S (State or country) of death State. YTS. mes. \_\_\_\_ds. 0 D Where was disease contracted. Z 14 THE ABOVE IS TRUE TO THE Every item of should state C O If not et place el death ?.. Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS m REGISTRAR Z If more blanks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

BINDING

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise pecification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Solesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., scpsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means or injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. birth or miscarriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, symptoms or terminal conditions, such as "Asthenia," ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-occident; Revolver wound of The contributory (secondary or intercur-"Convulsions," "Dropsy," "Exhaustion." State eause for which "Debility" ("Con-(Recommendations "Atrophy,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



	A. te	STATE OF MARYL	_AND—C	CERTIFICATE OF DEATH	00
	state	1. PLACE OF DEATH		107:0	
	ould state	County Originally	1	AA Registration Dist. No., // 6	)
1		Village Dr City Cambridge	24	neastern there thate Hospita	Ward
		Length of residence In city or town where deeth occurred		death occurred in a hospital or institution, give its NAME instead of street and numb	er)
	AN AN nent	F. Gallery			us
Į.	VSICIANS	2. FULL NAME STULE HAND	CCV	If U. S. Veteran, specify WAR	
		(a) Residence: No. / Serle (Usual place of about	bode)	St., Ward.  If nonresident give city or town and State	e
	Exact	PERSONAL AND STATISTICAL PARTICU	ILARS	MEDICAL CERTIFICATE OF DEATH	
		3. SEX 4. COLOR OR RACE ORDIVORCED (W)		21. DATE OF DEATH  (Month) 24  (Day) 193	6
NG	A C T I	5a. If married, widowed, or divorced HUSBAND of		4	(1021)
BINDIN	A (	(or) WIFE of		1933 to 24-7	ased from
ME E	e. e.	6. DATE OF BIRTH (month, day, and year) march 13-	1879	I tast saw h en ative on Que 2 4 HD 1936; de	ath Is sain
- E	erly icat	7. AGE Years   Months   Days	If LESS than	to have occurred on the date stated above, 18-354m.	
FOI	stated E properly certificate		rhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	te of onest
_ 7	be s be p of ce	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	5	R 1	
E	4	✓ Industry or pusiness in which	7	Hondel - Perseumbrea	200
R	should it may n back	Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	sh !	4.9	13/6-
RESERVED	-	10. Date deceased lest worked et this occupation (month end) 213	this //		
RE	AGE that	year) Man 14.33 occupation	myresi	Other Cantribatory Causes of Importence:	
Z	NFADING oplied. AGI erms, so that instructions	12. BIRTHPLACE (city or town)  (State or country)			
RGIN	unka upplied terms,	I 13. NAME Steven Hadder	-		
[A]	D = 4	E 0	0	Name of operation Date of	
6	TO	[State or country]		What test confirmed diagnosis? Was there an autop	ev? 2
	carefully TH in pla	# 15. MAIDEN NAME Rebecca TROO		23. If death was due to externat causes (VIDLENCE) filt in also the following:	
	be careful EATH in pinportant.	15. MAIDEN NAME Peleccal Root  16. BIRTHPLACE (city or town) 7 Revise	in	Accident, suicide, or homicide? Date of injury	, 19
	be car SATH mport	E (State or country)	0	Where did injury occur? (Specify city or town, county and State)	
	ld b DE.	17. INFORMANCE Stern those Hole Hosp.	record	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
	should OF D	(Address)  18. BURIAL, CREMATION, OF REMOVAL	hd.	44	
	n sl SE		26,1936	Manner of Injury	
	-WEITE mation s CAUSE TION is	1.1113.1		24. Was disease or injury In eny way related to occupation of deceased? 9	17 -
10.1	ECE	19. UNDERTAKER (Address)	21	If so, specify	
200	E P	4141 34 July 18		(Signed) / marles pasiere,	м. г

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8260

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	Example I	li	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SFP 4 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:	1111001-1	
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH		50)	
Village or City Hurl	ock	NoRegisti	ration Dist. NoSt.,Ward
Length of residence in city or town where de		death occurred in a hospital or institution, give its	NAME instead of street and number) th?grsds
2. FULL NAME / ale	y. V. 97	St. Ward.	
(a) Residence: No.	(Usual place of abode)		esident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFIC	CATE OF DEATH
Female White	or DIVORCED (write, the word)	21. DATE OF DEATH (Month)	(Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Harper	22. 1 HEREBY CER	TIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	el 9 1878	I last saw h alive on 8 f	3/ 3-6-, 19; death is sai
7. AGE Years Months	Oays If LESS then 1 day,hrs.	to have occurred on the data steted afove, at  The PRINCIPAL CAUSE OF DEATH and relate ware.as follows:	ed causes of Importanca
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ruse work	Carcusina + 9l	Oate of onesi
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10. Date decaesed last worked at this occupetion (month and yeer)	11. Totel time (years) spent in this occupation	Prianory Carcinoma of	mommony glade.
12. BIRTHPLACE (city or town) (State or country)	1	Other Contributory Causes of Importance:	
1 1 1	urlock	· · · · · · · · · · · · · · · · · · ·	
13. NAME 14. BIRTHPLACE (city or town)	nd	Neme of operation	Date of
(State or country)	0	Whet test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME WOLLE  16. BIRTHPLACE (city or town)	Larring	23. If daath was due to extarnal causes (VIOLE Accident, suicida, or homicide?	
2 (Stete or country)  17. INFORMANT Aux ey )  (Address)	tarfeer	Where did injury occur? (Specify Specify whether Injury occurred In INDUSTRY	city or town, county and State) , In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of surlocks	Data aug 27, 1936	Manner of Injury	
19. UNDERTAKER & B Hill (Address) Hurl	oughly	24. Was disease or injury in eny way ralatad to	o occupation of daceased?
20. FILEO lung 26, 1936 CK	21. Herting	(Signed) So apv	Myers M.

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Other will be seen a seen as a	u V. S.		
Other contributory causes of importa	nee	Other contributory causes of importance:	
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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1,000,000,000,000	8363
PLACE OF DEATH County Doschester ALTHUR	STATE OF MARYLAND CERTIFICATE OF DEATH
CORPORATE LIGHTS	Registration Dist. No. 116
2FULL NAME Jenne M. L	Ward)  (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR SHORCED OR SHORCED (Write the word) Married	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Sept. 23, 1873 (Month) (Day) (Year)	aug 3 1936. to aug 15, 1866 that I last saw her alive on aug 15, 1986
7 AGE   If LESS than   1 dayhrs.	The CAUSE OF DEATH * was as follows:
6 2 yrs. 10 mos. 23 ds. or min.?  B OCCUPATION (a) Trade, profession or	Tellusary Embolian: following
(b) General nature of industry business, or establishment in which employed or (employer)	Patient got out of led, and balked across room, 3 home fifth day after operation Duration) yes mos & home Contributory Chronic Cholesystetis
9 BIRTHPLACE (State or country)  A language	Contributory Chronic Cholesystetic Secondary (Duration) , y16 , ,108 , ,108
10 NAME OF Stenry Warrington	(Signed) G. S. Duereies M. I. Ceg / 5 1936 (Address) Cambridge , mx
OF FATHER  (State or country)  Use of Country of Country	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleldal.
of MOTHER Jasephine Melian	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs mos / 2 ds. In the State yrs mos death ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, the form (Seaford De if not at place of dea.h).
(Informant) aura Xitchens	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Seoford, All	Seofard, Del Sept. 17, 1931
Filed 9-15 1926 Caker mace of Registrary	M. R. Hatrow & Sous Seaford, D
If more branks are needed, addre.s tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. I.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

taken. approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Enhaustion," "Heart failure," "Maemorrhage, "Shock," "Shock," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was underran be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping cough; curouse Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid cough; Chronie valvular heart disease; Example: Measles (disease affection need not be etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.—V

STATE OF	MARYLAN	D-CERTIF	ICATE	OF	DEATH
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8263

1. PLACE OF DEATH	(51-C)
County Dorchester	Registration Dist. No. ///
Village or City East New Market	No. St., Ward
Length of residence in city or town where deeth occurred 3 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Iras Julius Holle	
(a) Residence: No. East New Market 7	And St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED. (write the w	WED, word)  21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Holley	22. I HEREBY CERTIFY, Thet I ettended deceased from
1 - 22 1816	6.15 16/1 21
6. DATE OF BIRTH (month, day, and year) fune 23 /869 7. AGE Years Months Days If LESS	and the same of th
67 / 28 lday	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or pertinuiar	Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Sindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed lest worked et this occuration (months and	Carcinoma of the
9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	prostale,
10. Dete decessed lest worked et 11. Total time (yeers)	
this occupation (month and 1932 spent in this occupation.	fer. Ohn Carlot Constitution
12. BIRTHPLACE (city or town) (State or country)  West	Other Contributory Causes of importance:
13. NAME Limothy Hollar	
I 7	Neme of operation Was afended an Date of
(State or country) West Verginia	What test confirmed diegnosis? Was there an autopsy? No
15. MAIDEN NAME Mary appleton	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(State or country) West Virginia	Where did injury occur?
17. INFORMANT Raymond Holley (Address) Fact New Manort Ma	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Clarado, Ma: Date Mug. 23,1	19.06 Nature of injury.
19. UNDERTAKER I Framptom + Son (Address) Federalsburg Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 22, 1936 - JAFE, Parke	(Signed) A France M. D. strat. (Address) Hulleck
If more blanks are needed, address State R	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II		
The principal cause of death and related eauses of importance were as follows: E   V E D	11 7	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis SEP A 1628	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	and and	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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ADDITIONAL STATE FOR PORTIER STATEMENTS BY THIS CLAN



### (M)

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.-WRITE PLAINLY,

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
SEATH				

1. PLACE OF DEA				Registration Dist. No. II6		
Village Dr City Se		-		ND. St., death occurred in a hospital or institution, give its NAME instead of street and u. S. if of foreign birth?		
2. FULL NAME I  (a) Residence: No.				If U. S. Veteran, specify WARNOSt., Ward.  If nonresident give city or town and		
PERSONAL A	ND STATISTIC			MEDICAL CERTIFICATE OF DEATH	State	
3. SEX 4. COI	or or RACE	5, SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH August Ist, (Month) (Day)	, 193 6 (Year)	
5a. If married, widowed, or di HUSBAND of (or) WIFE of	vorcad Single			22. I HEREBY CERTIFY. That I attended of	deceased from	
6. DATE OF BIRTH (month, o	day, and year) 12	/28/190	I	Clast saw har alive on 2-6/30 1,1934		
7. AGE Years 34	Months 7	Days 3	If LESS than  1 day,hrs.  ormin.	to have occurred on the date orded above, at 12.30 m. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wave as follows:		
8. Trade, profession, or kind of work don SAWYER, BODKK 9. Industry or business work was dona, a SAW MILL, BANY 10. Data daceased last this occupation (n	a, as SPINNER, EEPER, etc In which sSILK MILL,	None		Tieberene Caxing Freigh	Date of onset	
10. Data daceasad last w this occupation (n yaar)	vorked at month and	11. Total spa	time (years) Int in this X Upation	Dther Coutributory Causes of Importance:		
12. BIRTHPLACE (city or tow (State or country)	n) Sewar	d's, Mo				
13. NAME Josep	h Insley					
13. NAME JOSED 14. BIRTHPLACE (city or (Stata or country)		rd's, l	(d,	Nama of operation		
15. MAIDEN NAME	Bertha Sh	orter.		23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME Bertha Shorter.  16. BIRTHPLACE (city or town) Seward's, Md.  (State or country)			-Md	Accident, suicide, or homicide?		
17. INFORMANT Mrs Joseph Insley. (Address) Sewerd's, Md.			·	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR	REMOVAL			Manner of Injury		
	anville	S. Loca plu	mpte	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar,

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH Fast 265

Registration Dist. No. II6
ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.
If U. S. Veteran, specify WAR NO
St., I Ward.
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
August I3th, 196 (Wonth) (Day) (Year)
22. I HEREBY CERTIFY. That i attended deceased from  136, to cury 13, 1936;  I last saw h 27 alive on Cury 13, 1936; death is sald  to have occurred on the date stated above, at 8 As Man
The PRINCIPAL CAUSE OF DEATH and related causes of importance
mere as follows:  Muse a deal decompensation Date of oncet
adricular bullotton ?
Embolus to flest populat onto
Dauguere lest foot and 7. 19%
Other Contributory Causes of Importance:
Chronic Deffuse nepholes
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No
23. If death was due to external causes (VIOL ENCE) fill in also the following:
Accident, suicide, or homicide?
Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
opening whether many control in the botter, in monte, or my oblic reform.
Manner of Injury
Nature of injury.
24. Was disease or injury in any way related to occupation of deceased? "LCC
If so, specify
(Signed) Toyler M. D.  (Address) Cambridg M. D.
2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ense is suppressed the analysis of the second	7 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

3 days ago

f importance:

1 year

SICIAN

STATE OF MARYLAND—	
County Dorchester	Posistration Diet No. ///
	Registration Dist. No.
Village or City hear East hen Market	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Connie & Tomas	If U. S. Veteran, specify WAR
(a) Residence: No. Could place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Black OR DIVORCED (write the word)	Cenq 25 , 193 6
5a. If married, widowed, or divorced	(Month) (Oay) (Yea
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased
file forms	Cercy 25, 1936, to day 2, 195
6. DATE OF BIRTH (month, day, and year) as 2 / 1871	I last saw has alive on cercy , 196; death I
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, A
7/ 1 day,hrs.	ware as with the course of DEATH and leasted causes of Hipportance
8. Trede, profession, or particular	Paraly Sig , Date of
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A ex
9. Industry or business in which work was done, as SILK MILL,	Ul le lenurent
SAW MILL, BANK, etc	
O this occupation (month and spent in this	
year) occupation	Other Cantributary Causes of Importence:
12. BIRTHPLACE (city or town)	-
(State or country)	
13. NAME Robert Reacher  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comfort Jones	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT LATIN STATE PARTY	(Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 6 act him m arrec	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Loserfe some Scott Date auf 28, 1931	
10 Mellow Habry	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (Address) Control West Market	If so, specify
20. FILEO De 2 28 193. 6 - 71. E. Parker	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important disease or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
KIRFAU V. S		3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEA	TH
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1. PLACE OF DEATH COUNTY DOS DEATH		Registration Dist. No
Village Dr City Mean Aurls	ck ND.	St.,Ward
Length of residence in city or town where death occurred.  2. FULL NAME May 4		a horpital or institution, give its NAME instead of street and number) w long in U.S. if of foraign birth?yrsmosds,
(a) Residence: No.	St.,	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, M	ARRIED, WIDOWED, CED (write tha word)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22.	HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days  8. Trade, profession, or particular	A Jane L	d on the data stated above, at GOD.m., 19.3 G, death is said
this occupation (month and	al time (years) spant in this scrupation  Dthar Contribu	tory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)	Name of oparat	ion
15. MAIDEN NAME Cancel Control  16. BIRTHPLACK (city or town)  (Stata or country)  17. INFORMANT	23. If death was Accidant, suicic Where did inju	due to external causes (VIDL ENCE) fill in also the following:  le, or homicida?
18. BURIAL, CREMATION, DR REMOVAL Place Local Date of Date of	Manner of injur	
19. UNDERTAKER AB Willow (Address)	24. Was diseasa If so, spacify (Signad)	or injury in any way related to occupation of dacaasad?
7 20. FILED 119 16 , 1936 Chas. h	- Makings	Idress) La frage 1 Harlace

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	011	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \\ SEP 7 130	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	O 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

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AGE should be

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1, PLACE OF DEATH	——————————————————————————————————————
county Norchester.	Registration Dist. No. 110
Village Dr City Near Galestour	No. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jaa M. Minder	If U. S. Veteran, specify WAR.
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
3 White Married (write the word)	(Modify) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I ettended deceased from
(or) WIFE of Virgil Kinder	aug 1 1936 10 aug 2 1936
6. DATE OF BIRTH (month, day, and year) Nov 2 1917	I last saw he alive on aug 2 1, 1886; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 P. M.
17 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were and of lows:
2 Trade profession or particular 1	Date of one of
kind of work done, as SPINNER, House Wash	. //
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et 11. Total time (years)	
this occupation (month end spent in this occupation occupation	Other Countillator County of Impartment
12. BIRTHPLACE (city or town)	Other Centributery Causes of Importance:
(Stata or country)	
13. NAME Perome riffith  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Carrie Tohuson  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CANONICAL CONTROL CONTRO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cleroloburg Date Mug 4 , 1936	Nature of Injury
19 UNDERTAKER It D. Dravergy Pro	24. Was disease or injury in any way related to occupation of deceesed?
(Address) Sharethan had	If so, specify
20 FILED aug 3 19 36 Hb L. Hastings	(Signed) 7 yulliyan M. D.
Rakistrar.	(Address) Saugeton law.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CFP 7 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephy		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
	The state of the s			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of of			-0	7			y
- 00		Len	gth of resi	dence in ci	ty or town	where de	eath occurre
TD. Every YSICIAN statement	2.	FUI	L NA	ME	Ju	err	ie !
D. SIC tate		(a)	Residen	ce: No			
5 H	0000					1 2000-0	(Usual
RECC PF Exact	-		RSON	AL AN	DSTA	TISTI	CAL PA
I.Y.	3. SE	* h	n	4. COLO	r or rac	E	5. SINGLE, OR DIV
RMANEN X A C T I classified	5a. I	HUSB	ed, widow AND of IFE of	gold or divo	rced	K	coro
PERM EX ly cla ate.	6. D	ATE O	F BIRTH (	month, day	, and year	9	reace
	7. AC		Year		Mon		Day
Stated proper certifica	1		52		1		2
tis is be sta be pro of cert	NOI	Tre	kind of w	slon, or pe ork done, BOOKKEE	erticular as SPINNI PER, etc	ER,	) ar
NFADING INK—Tr pplied. AGE should erms, so that it may instructions on back	OCCUPATION	1	work was SAW MIL	done, es S L, BANK, e	ILK MILL		1 11.1
	ŏ	7.00	this occup	oation (mor	nth and		
	12. E		LACE (cit	y or town). try)		m	ary
UNFA supplied n terms, ee instru	TER	13. NA	ME )	rar	del	lus	36
, WITH Urefully suprime tin plain trant. See	FATHE	14. BIR	THPLACE (State or		wn)		nd
	TER -	15. MA	IDEN NA	ME M	lary	9	13
	MOTHI	16. BIR	THPLACE (Stete or	(city or to	wn)	7	nd
A D G	17. 11	NFORM (Ad	ANT	Ray	my	ho	Head
RITE PI ion shou USE OF N is ver	18. B	URIAL, Plea	XY	ON, OR R		4	Dete a
-WRIT mation CAUSE TION i	19. U	NDERT	AKER	21.1	10	rav	eno

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8269		
1. PLACE OF DEATH	(3)		
County Northesler WHIN COMPORA	Registration Dist. No. 11 6		
	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
	ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME Turnie & Surve	o If U. S. Veteran, specify WAR		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That	21. DATE OF DEATH  (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of	A		
(or) WIFE of Lola Duovoles	22. I HEREBY CERTIFY That I attended decesed from July 24 1936 to Cugust 6, 1936		
6. DATE OF BIRTH (month, day, and year) France 19 1884	I lest saw him elive on les guest 6 , 19 3 6, death is seit		
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 10 30 Pm.		
52 1 26 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were as follows:  Date of onset		
Trede, profession, or perticular kind of work done as SPINNER	Date or		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Sindustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this corruption (month and	Hyperteure Cardis vasculas		
3. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	dilease 1931		
10. Date decesed last worked at this occupation (month and spent in this	Cerebral aproplery July 1936		
this occupation (month and spent in this occupation			
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:		
(State or country) Maryland	Chronice dellesso replaites Interes		
13. NAME Marcellus Storowles			
14. BIRTHPLACE (city or town)	Name of operation Date of		
(State or country)	What test confirmed diegnosis? Abuscal Was there an autopsy? No		
15. MAIDEN NAME Mary & Bailey	23. If death was due to external causes (VIOLENCE) fill In elso the following:		
15. MAIDEN NAME Mary J. Sailey 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?  Yo Dete of injury		
(State or country)	Where did injury occur?		
17. INFORMANT Raynyrad & Knowles (Address) Shodesdale	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
Place Sharptone Dete ling 9, 1936	Nature of injury		
19. UNDERTAKER It. A Stravenor Horo (Address)	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED \$17/ ,1936 Jolin Works Registras.	(Signed) Wylie M for M. D.  (Address) Carubacky red		
If more blanks are needed, address State Registrar,	2411 N. Charfes Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: FIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis SEP 1 1036	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

JARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8270
1. PLACE OF DEATH	
County Dorchester WITHIN CORPORATE LIMITE	Registration Dist. No. 4/6
Village or City Cambridge	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	. 17 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clocar Mack	If U. S. Veteran, specify WAR
(a) Residence: No. / 7 W LL (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  31, 193 (
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 14 1872	I lest say an alive on august \$ 9, 19 34; death is said
7. AGE Years Months Deys If LESS then	to have occurred on the dete steted above, at 6:00 -m.
44 5 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
Trade profession or particular	Culmonery Duberculosis 7-1-36
SAWYER, BOOKKEEPER, etc.  3. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc  10. Data deceased last worked at this occupation donoth and spent in this securation.	
10. Data deceased last worked at this occupation month and 1936 spent in this occupation competion.	
12. BIRTHPLACE (city or town) Carry dy (Stete or country)	Other Contributory Causes of importance:
13. NAME Edward Prick	
13. NAME Edward Truck  14. BIRTHPLACE (city or town) Baltimore  (Stete or country)	Name of operation
	What test confirmed diagnosis? Westhere en eulopsy? Westhere en eulopsy? Westhere en eulopsy? Westhere en eulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, Dete of Injury, 19
17. INFORMANT Darah Phiholo (Address) / G. Richael House Same	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, mbote Sept 3, 19 36	Menner of injury
19. UNDERTAKER Lewis St. Zayrenen (Address) Cambrill St.	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 8-3/, 136 galler mace of Registrar,	(Signed) Carroll M.D. M.D. (Address) Carroll M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL.	SPACE	FOR	PHETHER	STATEMENTS	DV	DUVOTOTAN
ADDITIONAL	SPAUL	run	FURIHER	STATEMENTS	ВХ	PHYSICIAN



C. D. Every item of infor-PHYSICIANS should state

OCCUPA-

Exact statement of

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRIPE PLAI

V. S. No. 1

UNFADING INK-THIS IS A PERMANENT

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Onchester WITHIN CORPORATE CO	Registration Dist. No. 116
	No. St., W. death occurred in a hospital or institution, give its NAME instead of street and number)  4. ds. How long in U.S. if of foreign birth? yrs. mos,
(Usual place of ahode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Male Colored Single	August /3 , 193 6 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of  Single	Villwed umams as armens physician 19
6. DATE OF BIRTH (month, day, and year) Ocx 9 1922 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10 A.m.,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and None year).	Gunshot wounds of Chist + Might without of the Might with internal organis with internal to fing.
12. BIRTHPLACE (city or town) Cambridge (State or country) Dorchester So. Md	Other Contributory Causes of Importance:
13. NAME Richard Cornich  14. BIRTHPLACE (city or town) Cambridge (State or country) Dorchester Co. Md.	Name of operation Date of What test confirmed diagnosis? Wellwed remains Was there an au opsyll
15. MAIDEN NAME Mary Ellen Marshall 16. BIRTHPLACE (city or town) Vew Church (State or coun'ry) Virginia	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Armisile Date of injury \$ / 13
17. INFORMANT Anna Cliester (Address) Cambridge Maryland	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wang 16, 1936	morard of might)
19. UNDERTAKER (Address) Cambridge Hd.	24. Was disease or injury in any way related to occupation of deceased? No lif so, specify Alexander College Co
20. FILED 8-13-, 136 John Mace 9	(Signed)

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Chronic interstitial nephritis 1921 Run over by street car 1 week ag	Example I		Example 11	
Chronic interstitial nephritis 1921 Run over by street car 1 week ag Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ag  Other contributory causes of importance: Other contributory causes of importance:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage.  July 5,1927 Peritonitis  3 days ago  Other contributory causes of importance:  Other contributory causes of importance:	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:	Cerebral hemorrhage.	July 5,1927	Peritonitis	3 days ago
	SEP 4 1930			
Gallstones May 1,1923 Gastroenteritis 1 year	Other contributory causes of importance:		Other contributory causes of importance:	
	Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

ARGIN RESERVED

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH  CountyDorchester	
	Registration Dist. NoII6
Village or CityCambridge	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Gussie F. Mowbray.	If U. S. Veteran, specify WAR_NO
	St., I Ward.  If a onresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)  White Married.	21. DATE OF DEATH  Allegan St 19th (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Mowbray Jr.	27. I HEREBY CERTIFY. That I attended deceased from 1976, to august 19, 1936
6. DATE OF BIRTH (month, day, and year) TT/22/T893	Alast saw he alive on august 010, 1936; death is said
7. AGE Yaars Months Days II LESS than 1 day,	to have occurred on the date stated above, at . 8 . IQ M M  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  Date of oneset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma of Rest 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc HOUSE Wife  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc HOME  10. Date dacaased last worked at this occupation (month and spent in this spent in this spent in this	Danesale sal Carcinomaterio 1936 Caches ca aug. 1936
year) 6/1/36 occupation	Other Coatributory Causes of importance:
1	
13. NAME Lewis Cooper Dize 14. BIRTHPLACE (city or town) Crisfield (State or country)	Nama of operation
	23. If death was due to axternal couses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Phieba Ward.  16. BIRTHPLACE (city or town) Crisfield Md.	Accident, suicide, or homicide?
17. INFORMANTAR. Charles W. Mowbray Jr. (Address) Cambridge Md.	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Grisfield, Md. Oata 8/2I/36.,19	Nature of injury
19. UNOERTAKER Granville S. LeCompte (Addrass) Cambridge, Md.	24. Was disease or injury in any way ralated to occupation of dacaasad? The
20. FILED 9 - 20, 1936 John mace Mersigar.	(Address) Cauchaly Med
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interestitial membritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8273
1. PLACE OF DEATH	(97)
county Deschepter	Registration Dist. No. 116
Village or City Combridge (If	No. 1011 Harl State Son Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAMEGOVA Ella, Mulyer	If U. S. Veteran, specify WAR
(a) Residence: No herry Kill almohae	ulsh Ward, Co.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Meylow Mulner	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Leady. 6th 1855	Hast saw held aliva on Qua 1/2 19.3 G death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, A. 6.2 S.Z.m.
80 // 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Perebra arteris-schrosio 1939
Note this occupation (month end	
10. Date deceased last worked at this occupetion (month end yeer)	
20.00	Other Contribotory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Bainfus Kines	
13. NAME Bainfus Venes  14. BIRTHPLACE (city or rown) Edlery	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?_A_S
15. MAIDEN NAME Mathelog Vyuck	23. If death was dua to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME MATHING Vouch	Accident, suicide, or homicide?, 19, 19, 19
(State or country) her flampship	Where did injury occur? (Specify city or town, county and State)
17. INFORMACE stern those State doop. Theea	Singlify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place terrible, and Date dry 15, 1936	Nature of injury
19. UNDERTAKER Le a. Patterson	24. Wes disease or injury in any wey related to occupation of deceased? RD -
(Address) Prograte md.	If so, specify
20. FILED 8 - 1 4 , 136 Gold mace on Registrary	(Signad) M. D. (Ardress)
If more blanks are needed address State Registrary	2477 N. Charles Street Baltimore Property 71 S. No.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Dete of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 4 1930	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	900		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones | May 1,1923 | Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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PHYSICIANS should state ECORD. Every item of infor-

## STATE OF MADVIAND\_CEDTIFICATE OF DEATH

1. PLACE OF DEATH		CERTIFICATE OF BEATH
County Donne	IN WITHIN CORP.	Registration Dist. No. // 6
Village or City Const.	uly mol	No. St., War  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. If of foreign birth? yrs. mos. d
2. FULL NAME Ella (a) Residence: No. 3	n. Parks	
PERSONAL AND STATISTICA	(Usual place of abode)	ff nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH any 2 9 193 6
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	- Parks.	(Month) (Day) (Yaar)  22. I HEREBY CERTIFY, That I attanded dacased fro
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Yaars Months	ly 16, 186 5  Days   If LESS than	I last saw h alive on, 19, 19; daath Is sa to hava occurred on the data statad abova, at 1/204m.
8. Trade, profassion, or particular kind of work dona, as SPINNER,	1-3   I day,hrs ormln.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of Importance wara as follows:  Date of once
SAWYER, BOOKKEEPER, atc	imanjo	Cacheria 18 Vouach :
O 10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spant in this occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	md.	1 1 / Cardio - Vous
13. NAME Tunk 14. BIRTHPLACE (city or town)	num	Name of operation Love Date of
(State of country)	my	What tast confirmed diagnosis? Clusteral Was there are autopsy? N
15. MAIDEN NAME NAME	1 H Cland	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	md:	Accident, suicida, or nomicida?
17. INFORMANT MMans (Addrass)	Parks;	Whara did Injury occur? (Specify city or town, county and State) Specify whethar Injury occurrad in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Many James Med.	Date Acquist , 1936	Mannar of Injury Natura of injury Natura of injury
19. UNDERTAKER Link & (Addrass)	Indye, ho	24. Was diseasa or injury in any way related to occupation of deceased? No.
20. FILED 8 - 31, 1936 C	hu mace of.	(Signad) Weyler WHam M.  (Addrass) Cambury Md.

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Exan	aple I		Example II	
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- 6 5- 1 8 5- 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 4 1930	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	JREAU V. S. importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

ARGIN RESERVED

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 8276
1. PLACE OF DEATH	William Control
County by eluca	Registration Dist. No.
Villege or City Cambridge	No. Cambridge Hoff, St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town where daath occurred	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME to old f. tole	If U. S. Veteran, specify WAR
(a) Residence: No. Acardany Mr.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ang
more partial principal	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Ful 26 1936 to any 4 1936
6. DATE OF BIRTH (month, day, and year) Luapul 13-1922	I last saw h his aliva on Cerry 4 1936 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 80 a.m.
14. 3 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were as follows:  Date of one of
SAWYER, BODKKEEPER, etc.	Tourning ocul madvillation
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc.	
- I this occupation (month and / / _   Spaint in this 7	
year) occupation	Other Contributory Caneco of Importance:
12. BIRTHPLACE (city or town)	Chinic Suffration alte
(State or country)	moder of of multiplusters
13. NAME Harry 7. Policy 14. BIRTHPLACE (city or town).	Trfm & pai the
	Name of operation waster desting Date of 1-3
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Plice C. Yours	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Promlany	Accident, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ellie C. Fines	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Lochlan	
18. BURIAL, CREMATION, OR REMOVAL  Place & N. Wayshind Date 8-6	Mannar of injury
0/	Nature of injury
19. UNDERTAKER A THURSTE	24. Was disease or injury in any way related to occupation of daceased? No
(Address) & h. Maylet,	If so, specify
20. FILED 8-4 , 1986 Joley 2000	(Signed) M. D.
Registrar.	(Address)

CEPTIFICATE OF BELLEVI

CTATE OF MADVI AND

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			150000

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDATIONE	OI MUL	T. OIL	T O ICT III INC	DIALLMENTS	DI	THEOTOTAM

Registra

If more blanks are needed, address State Registrar,

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)		
	Registration Dist. No. 11	2
No	St., sive its NAME instead of street and it foraign birth?	Ward number)
ulf U.S. Veteran,	specify WAR	
St., Ward.		
MEDICAL CI	If nonresident give city or town and ERTIFICATE OF DEATH	State
21. DATE OF DEATH	0 7	
	(Month) (Day)	(Yeer)
I last saw h alive on alive on to heve occurred on the dete stete	/ 0	deceased from , 19 76 death is said
were as follows:	as and totaled custos of importance	Date of onset
Other Contributory Causes of impo	Justane)	1935
Neme of operation	Date of	
	Was thera an a	
	ses (VIDLENCE) fill in also the following	
Whare did injury occur?		e)
Menner of Injury	************************	
Nature of injury	***************************************	
	ny ralatad to occupation of deceasad?	w
(Signad) (Address)	Federal Lings	ud M.D.
411 N. Charles Street, Baltimore, Re	questing U. S. No. 1.	

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Ex	ample I		Example II		
The principal cause of death and related causes. Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	ocp 7 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	251	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SUREAU V.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	



V. S. No. 1

STATE OF	MARYL	AND-CERT	IFICATE	OF I	DEATH

(1)70

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
County Doublesty WITHIN CORPORAT	Registration Dist. No. F/ 6
Village or City Cambridge and	NoSt.,Ward
1/ 1.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME ann. K. Shans	If U. S. Veteran, specify WAR
(a) Residence: No. 24 High	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Ša. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	A agret 18 3 , 19 36, to durent 2 4th, 19 36
6. DATE OF BIRTH (month, dey, and year) Pu 6 15 P3	I lest saw has alive on Ly 2 4 th at 9 4 5 P. M. 19 3 6; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date sleled above, at 7.4.5.P.m.
52 & 18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Curinama of night beaut Jan. 1934
9 Industry or business in which work was done, as SILK MILL,	
U 10. Date dacaasad last worked at 1 3 11. Total time (veers)	
this occupation (month and 35 spent in this 25)	
12. BIRTHPLACE (city or town) Phlashpha	Dther Contributory Causes of importance:
(Stata or country)	to the lungs all I to 1011
13. NAME Im du Stant	horal remost a line weath in a ter
(Stata or country)	Name of operation Reducal Association to Date of hog 1936
IS MAIDEN NAME PROPERTY TO THE TOTAL ALL	Whet test confirmed diagnosis? White the was there an autopsy? W
16. BIRTHPLACE (city or town)	23. If daath was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Once JR. Share (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Pleca Church of Med Date and 1936	Nature of Injury
19. UNDERTAKER Trank E- altrang	24. Wes disease or injury in any wey related to occupetion of deceased?
CILCI 31 Maria 1	(Signed) Lida & herefille M. D.

(Addrass) & cubilel If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Registrar.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	-11	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
RUKI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIA	N
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-V	STATE OF MARYLAND—	CERTIFICATE OF DEATH
5	1. PLACE OF DEATH	
220	County Dorchester	Registration Dist. No. 116
jo (	Village or City ambredge	Nosabern thore thate top hitalward death occurred in a hospital or institution, give its NAME instead of street had a number)
		2.2. ds How long in U.S. if of foreign birth?
eme	2. FULL NAME has latte & D' Shrive	M If U. S. Veteran, specify WAR
statement	(a) Residence: No. Cambridge	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	Temale white audawes	august (6 th , 193 6 (Noat)
classified	5a. If marriad, widowad, on divorcad HUSBAND of (or) WIFE of	2.   HEREBY CERTIFY, Thet I etjended decessed from
clas	a processor	July 24 hb, 1936, 10 lines 16 ht 1936
ly ate.	6. DATE OF BIRTH (month, day, and year) Tovember 36-1853	I Jast saw I Jehr aliva on
properly	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, AV
properly certificate	8 Trade profession or particular	ware as follows: Date of onset
pe of	8. Trada, profession, or particular kind of work done, as SPINNER, Acceptable SAWYER, BOOKKEEPER, etc.	English day de seles de la 195
may	9. Industry or business in which	Gerebrafarleris selerases 1954
t it	10. Data dacassed last worked at this occupation (sponth and spant in this	
that	year)	Other Contributory Canses of importance:
so ucti	12. BIRTHPLACE (city or town) Valinton (Stata or country)	
terms,	II 13. NAME Charles Forey	
40 63	14. BIRTHPLACE (city or town) Clemberson	Mame of operation Data of
	(State of County)	What test confirmed diagnosis? Was there an autopsy?
in I	IS. MAIDEN NAME Margarel Troot	23. If death was due to external ceuses (VIOLENCE) fill in elso tha following:
Ortz	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMAN CALEN HORO HORO MAIN (Address)	Spety whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
_	18. BURIAL, CREMATION, OR REMOVAL	Mennar of Injury
SE	Place Cambridge, Made 25 18, 1936	Neture of injury
CAUSE TION is	19. UNDERTAKER J. S. Le Compte	24. Wes disease or injury In any wey related to occupation of daceased?
	(Addrass) Carebadal, rud.	If so, specify
(T)	20. FILED. FILED. 13 ( Jalon work)	(Signed) (Modress) M. D.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No.

TION is very important. See instructions on back of certificate.

item of infor-

### STATE OF MADVI AND CEDTIFICATE OF DEATH

1	PLACE OF	DEAT	н			(3)	
	County Do	orche	ster	THIN CORPO	BATE LIMITE W	Registration Dist. No	16
	Village or Ci	ity_Cam	bridge			No. St.,  death occurred in a hospital or institution, give its NAME instead of street an	- Ward
	Length of resid	dence In city	or town where	daath occurred	5yrs,mos	ds. How long in U.S. if of foreign birth?yrs	.mosds.
2	. FULL NAI	ME_An	nie Ma	y Smith		If U. S. Veteran, specify WAR NO.	
	(a) Resident	ce: No	IIO-We	st (Ind.	of Apode) ,	St., I Ward.  If nonresident give city or town a	nd State
	PERSON	AL AND	STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	Female		or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word) WEC	21. DATE OF DEATH  August IIth	, 193.6 (Year)
5a.	If marriad, widow HUSBAND of (or) WIFE of L	ate A	lbert	H. Smit	h	22. I HEREBY CERTIFY. That i attends	
6. 1	OATE OF BIRTH (	month, day,	and year)	I/I8/I8	7I	I last saw her aliva on any 11 192	(a.; daath is said
7. /	GE Year	rs	Months	Days	If LESS than	to have occurred on the data statad abova, at 8 a 10 m. M.	
	65		6	23	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wara as follows:	Date of onset
NOI	8. Trada, profes kind of w SAWYER,	sion, or par ork dona, a: BODKKEEP	ticular s SPINNER, ER, etc	None		Chrome Interstitude	149.54
OCCUPATION	9. Industry or 1 work was SAW MIL	done, as SI L, BANK, etc	LK MILL.			Refportes	
000	10. Date decease		ed at th and	spa	tima (yaars) int in this X upation		•••
12.	BIRTHPLACE (cit (Stata or coun		Buck	town, M	d.	Dthe? Contributory Causes of Importance:	1954
ER	13. NAME JO	hn W.	Mowbr	ay		Hypertension	
FATHER	14. BIRTHPLACE (Stata or		n) Dorc	hester	Co.m	Name of operation Date of What tast confirmed diagnosis? Cal Was there a	P
ER	15. MAIDEN NA	ME Ar	nie Pa	ttison.		What tast confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (State or	(city or tow		ester C	O. Md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	INFORMANT _M	rs Cu		pplegar	211	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	tate) PLACE.
18.	(Address) BURIAL, CREMATI PIa C. A. M.D.	IDN, DR RE	ambru g MDVAL e, Md.		I3/36 <sub>m</sub>	Manner of Injury	
19.	UNDERTAKER	-		LeCom	pte	24. Was diseasa or injury In any way related to occupation of decaasad?	-Mo
20.	FILED 8-14	-   19	56 g	ilu 7	naca On Registrat	(Signad) FD24 / SI Sharasac	2M. D.

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Example I			Example II .		
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Chronic interstitial		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
	Security and the second security of the second seco				
Other contributory	y causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			· // / / / / / / / / / / / / / / / / /		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registre

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1. PLACE OF DEAT

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

(Day)

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THE WALL WALL			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	PHE.
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

TION is very important.

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		92:00
County Dorchester		Registration Dist. No. / 40
Village or City Hurlock		No. St. Ward
	occurred 40 yrs. mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME T. Winfiel	d Stack	If U. S. Veteran, specify WAR
(a) Residence: No. Hurlock,	Maryland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Widowed	21. DATE OF DEATH  August 2 ,193 6 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Tryphenia I	. Stack	22. I HEREBY CERTIFY, Thet I attended deceased from 2
6. DATE OF BIRTH (month, day, and year) Febru 7. AGE Yeers Months 81 5	ary 5, 1855  Days 1 f LESS than 1 day,hrs. ormin.	I last saw h alive on 1976; death is said to have occurred on the data steted above, et 12:05 m2 om.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were soldows:  Date of onnet
SAWYER, BOOKKEEPER, etc 11  9. Industry or business in which work wes done, as SILK MILL, U.S.  10. Date daceasad last worked at this occupation (month and 1932)	Government 11. Total time (years) spent in this yrs	Other Contributory Causes of Importance:
(Stata or country) Maryla		
H 13. NAME Patrick H. S	tack	
Hartick H. S  14. BIRTHPLACE (city or town) Dorch (Stata or country) Maryl	ester County and	Nama of operation Data of Data of What test confirmed diagnosis? Was there an autopsy?
置 15. MAIDEN NAME Catherin	e Charles	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Catherin 16. BIRTHPLACE (city or town) Rorche (State or country) Maryla	ster County nd	Accident, suicide, or homicide?
17. INFORMANT Charles W. S (Address) Hurlock, Mar		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceWashington Cemeter Hurlock, Md.	ry Aug. 4,, 36	Manner of Injury
19. UNDERTAKER J. J. Framp (Address) Federalsbur		24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED acg 3 , 1936 Chas	. W. Hastings	(Signed) M. D.  (Address) Wester EH Mark

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 7 1936		Example II	ALC:
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF	MARY	LAND-CER	TIFICATE	OF	DEATH
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(.	1)	63	4
0	4	0	4

1. PLACE OF DEATH		92-20	
County Dorchester		Registration Dist. No. //	6
Village or City Salem,			- 14
Length of residence in city or town where dea	th occurred yrs,mos	NoSt., f death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?n	1 1
2. FULL NAME J. Houston	Staplefort		
(a) Residence: No. Salem, M		St., Ward.  If nonresident give city or town an	State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. W.	or payorced (write the word)	21. DATE OF DEATH 8 12 (Month) (Day)	, 1936
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Gore St	aplefort	(Month) (Day)  22.   HEREBY CERTIFY, That   ettended Dec., 17, 135, to Aug. 12,	deceased from
6. DATE OF BIRTH (month, day, and yeer) 18	63. Oct. 26	I last saw h_im_alive on_Aug. 11. 19 36	; death is said
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at	
72   10 9	16   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Detectors
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcR	etired.	Arterio-sclerosis	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			-
10. Date deceased last worked at this occupation (month and yeer)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Secret (State or country) Marylan	ary,	Other Contributory Canses of importance: Nyocarditis chronic	2
13. NAME George E. Stap	lefort	Mitral insufficiency	5days
13. NAME George E. Stap  14. BIRTHPLACE (city or town) (State or country)  Maryl	and	Name of operation	
		What test confirmed diegnosis? Clinical Evwashena	
15. MAIDEN NAME Elizabeth E 16. BIRTHPLACE (city or town)		23. If deeth was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17.INFORMANT Mrs. Jessie Da (Address)Salem, Marylar	il	Where did injury occur? (Specify city or lown, county and Stern Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md.		Manner of Injury	
19. UNDERTAKER H. H. Willoughy (Addiess) East New Mark		24. Wes disease or injury in any way related to occupation of deceased?	
20. FILED 8-14, 136 Jol	u male Jeg.	(Signet) This Selands	M.D.
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage SEP 4 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1 48		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

V. S. No. 1

1. PLACE	.0 //		117:0
County	Horches	lex,	Registration Dist. No. // Ø
Village pr	City pear of	urlook	NoSt.,Ward
Length of re	esidence in city or town when	e daath occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL N	AME Wille	en H. Sles	Osera, If U. S. Veteran, specify WAR
(a) Reside	ence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOPOR BACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the working the work	
5a. If married, wid HUSBAND of (OF) WIFE of	Famue	llerene,	22. I HEREBY CERTIFY, That I attended deceased from 12 1936, to 12 - 1936
6. DATE OF BIRTI	(month, day, and year)	set 14 185	8 Hast saw January 1 12 , 1986 death is sai
7. AGE	eers Months	Days tf LESS th	
1 /	/ /0	1 dey,min	were se follows.
z 8. Trada, pro	fession, or particular work dona, as SPINNER	PAON	Weers of the Som actions
SAWY	R, BOOKKEEPER, etc/_	eleved Farm	at Respotation,
Q. work v	r business in which vas dona, as SILK MILL,		
U	IILL, BANK, etc	11, Total time (years)	(Chronic)
o this oc year)	cupation (month end	spent In this	
12. BIRTHPLACE		18	Other Coutributory Causes of importence:
(State or co	ountry)	100	
13. NAME	Villiam !	t. Stevens	
4 14. BIRTHPLA	CE (city or town)	as D	Nama of operation Date of Date of
(Stata	or country)	1600	What test confirmed diagnosis?
15. MAIDEN	IAME O Refere	the sarmer	23. tf death was dua to externat causes (VIOL ENCE) fill in elso the following:
	CE (city or town)	0	Accident, suicide, or homicide?
Z   (State	or country	The state of the s	Whare did injury occur?
17. INFORMANT(Address)	Steer as	edies of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREM	ATION, OR REMOVAL	a Coming of	Mannar of injury
Place	Caxlengle	Date accy / 1, 19	S. Neture of Injury
19. UNDERTAKER . (Address)	J.B. Hal	longly	24. Was disaase or injury in any way related to occupation of daceasad?
20, FtLED Cere	14.36	Le Whate	(Signed) J. H. M.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 7 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINTING V. S		Y The second sec	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			To Janua

Gallstones May 1, 1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8286
County Doubastas - WITHIN COM	Registration Dist. No. // S
Village or City No. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)	
(11	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Vitoria Alan	rant If U. S. Veteran, specify WAR
(a) Residence: No. Cumbra M. (Usual place of Apode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The sex of t	21. DATE OF DEATH 25 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Tankhu Murant	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	flast sawher aliva on Rug 12 , 19 6; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2.45 a.m.
ant 60 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done as SII K MIII	Tente Mystarditis da 12)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Logues doglar	Other Contributory Causes of importance:
(State or country)	Munic Interstat ral Reflexion, 905
13. NAME Mukina;	
14. BIRTHPLACE (city or town). It ropen deferm	Name of operation Move Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / hang lughling	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Para Curphing 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury19
17. INFORMANT Mus July (Address)	Where did Injury occur?

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of Injury Nature of injury

If so, specify (Signed)

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH County / Registration Dist. No. Village or City E (If death occurred in a hospital or institution, give its NAME instead of street and number) mos.\_23\_\_ds. How long in U.S. if of foreign birth? vrs. mos. statement If U. S. Veteran, specify WAR, (a) Residence: No (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Dev) 5a. It married, widowed, or divorsed HUSBAND of CERTIFY. Thet I attended deceesed from (or) WIFE of certificate 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Months properl Deys If LESS then 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH end intered ceuses of importence or\_\_\_\_min. Date of onset 8. Trede, profession, or particuler OCCUPATION kind of work done, as SPINNER. of SAWYER, BOOKKEEPER, etc ... may back Industry or business in which plnods work wes done, es SILK MILL, SAW MILL, BANK, etc ... TO. Date deceased last worked et otal time (years this occupation (month that year) \_ occupation instructions Other Contributory Causes of importance: 08 12. BIRTHPLACE (city or town (Stete or country) terms, FATHER 13. NAME See 14. BIRTHHLACE (city or town) plain (State or country) carefully Whet test confirmed diegnosis? MOTHER important. 15. MAIDEN NAME 23, If death was due to external causes (VIOLENCE) fill in elso the following: in Accident, suicide, or homicide?----- Dete of injury-----DEATH 16. BIRTHPLACE (city or tolyn) (Stete or country) Where did injury occur?\_\_\_\_\_ be (Specify city or town, county and State) specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. plnods 17. INFDRMA Very OF 18. BURIAL, CREMATION, OR-REMDVAL Manner of injury WRITE CAUSE mation Neture of injury. NOIJ 24. Was diseese or injury in any way related to occupation 19. UNDERTAKER (Address) If so, specify (Signed) (Address

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Faltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis  Chamic intensitied marketing	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SET	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

					_	
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICATE	OF	DEATH
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5988

1. PLACE OF DEATH	93D
County Porchasta	Registration Dist. No. 11
Village or City Cambridge and	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city or town whara daath occurred L.Q.yrsn	nosds. How long in U.S. if of foralgn birth?yrs,mosds,
2. FULL NAME Wilson N. Vant	If U. S. Veteran, specify WAR
(a) Residence: No. 106 muse //	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I ettended daceesed from
2 1 about 186	1 last saw h alive of live 6 , 19 %; deeth is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	
1 day,h	
ormin.	were es follows:  Manage des O desauther nation
8. Trade, profession, or particular kind of work done, as SPINNER,	Myo cardeal allowfulsallar ?
SAWYER, BOOKKEEPER, etc.	The to Muse card all astered in
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceasad last worked et this occupation (month end spant in this	
year) occupation	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) Mardella,	Office Contributory Causes of Importance.
(Stata or country)	
II 13. NAME Inkum	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation - Closed - Date of
(State or country) f	What test confirmed diagnosis? Church Wes there en autopsy?
15. MAIDEN NAME Interven	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Claum Raymont (Address)	(Specify city or town, county and Štate) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Love
Place Ent hur market, and Date Aug 8 , 193	
7/10/11/12	V.
19. UNDERTAKER Trank & Wraty	24. Was disaase or injury in any way related to occupation of dacaasad?
(Addrass) Camping ml	(Signard) Willes M face M.D.
10. FILED 8-8, 1920 LJohn mace Je,	Or D. D. MIL
Kestra.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 4 1936	July 5,1927	Peritonitis	3 days ogo
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified. E

pe

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

AGE should be

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	4	0	4.7	

15. MAIDEN NAME 23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:		1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where deeth occurred		County Outhatmathin CORI	PORATE LIMITS OF Registration Dist. No. // 6
Length of residence in city or town where deeth occurred. Ayrs			
(a) Residence: No.    PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   S. SINCLE MARRIED, WINDWED, ORD DIVORCED (write the word)  So. If married, wishowed, or divorced will state of the word)  So. If married, wishowed, or divorced will state of the word		// 1	
(a) Residence: No.    Clust place of shode   Clust place   Clust		2. FULL NAME Patry Tilman	/ If U. S. Veteran, specify WAR
3. SEX 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, water the ward) 10. Details of recently 10. Bert deceased lest worked as a great in this occupation (months and year) 11. INTERPRENENT Celly or town) 12. BIRTIPPLACE (city or town) 13. MAME 14. BIRTIPPLACE (city or town) 15. MADEN NAME 15. MADEN NAME 16. BIRTIPPLACE (city or town) 17. MAME 16. BIRTIPPLACE (city or town) 18. Single Area of the set and autopsy? 19. Manner of injury 19. Manner of i		(a) Residence: No. 403 and an	
3. SEX  4. COLOR OR RACE  OR DIVORCED (which the ward)  So. II merited, widowed, or divorced illustrated with the ward in merited, widowed, or divorced illustrated with the ward in the self-based or control in the self-based or importance were at follows:  Date of onest  A AGE  13. A SEX  4. COLOR OR RACE  OR DIVORCED (whice the ward)  So. II merited, widowed, or divorced illustrated or control in the self-based or control in the self-based or the self-based o	100		
OR DIVORCED Control by March 192 (Year)  50. It married, widowed, or divorced (Naonik) (Dey)  50. It married, widowed, or divorced on the deta stefed down, at July Levi to have occured on the deta stefed down and the hard of have occured on the deta stefed down and the hard of have occured on the deta stefed down and the hard of have occured on the deta stefed down and the hard of have occured on the	-		
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5. DATE OF BIRTH (month, day and yeer)  7. AGE  Years  Months  Days  If LESS then I day.  If		HUSBAND of	
kind of work done, as SPINKER, AMYER, BOOKKEEPER, etc.  9. Industria: Joseph Specific Report of the specific part	re.	5. DATE OF BIRTH (month, day and yeer)	, 13(1)
Second   S	ica		
kind of work done, as SPINNER, Advers, BOOKKEEPER, Both Adverse, Both Ad			more as fellows:
9. Industry ac business in which work was done as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked at spent in this occupation (month and year) spent in this occupation (month and year) spent in this occupation (Site or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED 26 138 AMD AND AND AND AND AND AND AND AND AND AN	90	8 Trede, profession, or perticular kind of work done, as SPINNER.	Def Ag
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stele or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stele or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. Dete deceased lest worked at this occupation in this occupation occupation occupation occupation occupation occupation  Other Contributory Causes of importence:  11. Total time (yeers) spent in this occupation Other Contributory Causes of importence:  12. BIRTHPLACE (city or town) (State or country)  Neme of operation Whet test confirmed diagnosis?  Whet test confirmed diagnosis?  Was there an autopsy?  23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury  19. UNDERTAKER (Address)  10. UNDERTAKER (Address)  11. Total time (yeers) spent in this occupation Other Contributory Causes of importence:  What Contributory Causes of importence:  Whet test confirmed diagnosis?  Was there an autopsy?  23. If deeth wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in eny way related to accupation of deceased?  It eo, specify  Leo, specif	11 15	CAWYER, BOOKKEEPER, etc.	Omaric Mystarditia /954
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stee or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stee or country)  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. BIRTHPLACE (city or town) (State or country)  11. Total time (yeers) spent in this occupation  Other Contributory Causes of importence:  42. Undertaken  College Contributory Causes of importence:  43. Undertaken  College Contributory Causes of importence:  44. Undertaken  College Contributory Causes of importence:  45. Undertaken  College Contributory Causes of importence:  46. Undertaken  College Contributory  College Contributory  College College College  College College  College College  College College  College College  Coll	ac	work was done, as SILK MILL, hanfulni	
Other Contributory Causes of importence:    12. BIRTHPLACE (city or town)	- 86	10. Dete deceased lest worked at this occupation (month and spent in this	
Neme of operation	Suc	year) occupation SZ	Other Contributory Causes of importence:
Neme of operation	Ė		Hyfertensian 1903
Neme of operation.  Neme o	tru	1	Algereral Edame 1206
Whet test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece (Address)  19. UNDERTAKER (Address)  20. FILED 126  1936  1940  Whet test confirmed diagnosis? Was there an autopsy?  21. If deeth wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury		13. NAME Prim armein	
Whet test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece (Address)  19. UNDERTAKER (Address)  20. FILED 126  136  15. MAIDEN NAME  22. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury Nature of injury  24. Wes disease or injury in eny way related to occupetion of deceased?  (Signed)  M. D.  (Signed)  M. D.  Was there an autopsy?  25. Maiden deceased or injury Nature of injury  (Signed)  M. D.  M. D.  Whet test confirmed diagnosis?  Was there an autopsy?  26. Wes disease or injury in eny way related to occupe tion of deceased?  M. D.  M. D.  Whet test confirmed diagnosis?  Was there an autopsy?  26. Wes disease or injury in eny way related to occupe tion of deceased?  M. D.  M. D.  Whet test confirmed diagnosis?  Was there an autopsy?  27. Here the strong courter of injury  Specify whether injury occurr?  Specify whethe	See		
(Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece (Address)  19. UNDERTAKER (Address)  20. FILED 126 1936 (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  19. UNDERTAKER (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  Member did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  (Signed)  (Signed)  M. D.		(Stele of country)	Whet test confirmed diegnosis? Was there an autopsy?
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(Specify city or town, county and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Plece (Address)  19. UNDERTAKER (Address)  20. FILED 126 1936 (Signed)  (Signed)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of injury  19. UNDERTAKER (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  Member did Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  (Signed)  (Signed)  M. D.	ort	16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury19
17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Plece  AND  Date  ON  Date  Dat	d m	(State or country)	Where did injury occur?(Specify city or town, county and State)
Plece Carry Date Chyd 7, 19 J 6  19. UNDERTAKER (Address)  24. Wes disease or injury in eny way related to occupetion of deceased?  26. Chyd 7 24. Wes disease or injury in eny way related to occupetion of deceased?  27. FILED \$\frac{126}{26}\$ 136 \$\frac{136}{26}\$ \text{ follows become } \frac{18}{26}\$ (Signed)  28. FILED \$\frac{126}{26}\$ 136 \$\frac{126}{26}\$ \text{ follows become } \frac{18}{26}\$ (Signed)			Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLÂCE.
19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  24. Wes disease or injury in eny way related to occupetion of deceased?  16. Old with the company of the	A	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) Anny de My Heo, specify La Milled M. D. (Signed) Cambridge M. D.		Plece Cambridge My Date (My d-1, 1906	Nature of injury
7 20. FILED \$ 126 136 John Server (Signed) Combined M. D.	TIO		- 6 /2 //
20. FILEDY 7, 10 to 10 t	1	12/ 2/ Vales 100	
	1):		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis CEP 4 1936	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
and the last state of the last					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TENTAL	DITTION	1 010	T CITITION	DITTELLEMENTATION	70 7	TILLDIVITAIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	98-6
· County Dorchesler	Registration Dist. No. 1/6
Village or City Complex of	No Castern Shore Itate Storps. War
	f death occurred in a hospital or institution, give its NAME instead of street and number)  s
allow Violin	
2. FULL NAME William h. Wicker	If U. S. Veteran, specify WAR.
(a) Residence: No. Unhanous Dorchester (Ulual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND-of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
9emlesses	last saw hamalive on Cara S. C. 1936 death is sa
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	Mast saw harmalive on Clause - Oc. 6-11, 19-16; death is said to heve occurred on the date stated above, at 1500 Am.
/ (- ? 21 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and resided causes of importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thronic myocardilis 193
9. tadustry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	- V
11. Total time (years) spent in this yeer)  11. Total time (years) spent in this occupation	
9. 1	Other Contributory Causes of importence:
(State or country)	
2.	Name of approxim
14. BIRTHPLACE (city or town) - The form of the country) The form of the country)	Neme of operation Date of Whet test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME 21 22 Page 9	What test confirmed diegnosis?
15. MAIDEN NAME Zurland	Accident, suicide, or homicide? Date of injury19
(State or country) Purpose	Where did injury occur?
17. INFORMANTE STEERS PLANE PLANE PERS	(Specify city or town, county and State)
(Address) Combridge - mil.	900
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date L. J. 19	Nature of injury
19. UNDERTAKER S. S. Teconste	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED \$ 126/ 1936 Splinwood	(Signed) . Garlo A. M.
Registrar.	(Address) - Charles - Charles

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 050 4 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BIREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	DI AUE	TOTA	T. OTCT TITIZE	DIVITARIAN	111	T II T DY CYTY

BINDING

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ARGIN

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(172)
County Sychester WITHIN CORPORT	Registration Dist. No. // 6
Village or City Lambredge	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its 19-4191E, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Brode Wimbors	If U. S. Veteran, specify WAR
	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Makth) (Day) (Yeer)
5a. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, There I ettended deceased from
6. DATE OF BIRTH (month, dey, end year) June 1909	I last saw h alive on Leaf 29, 1996; death is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date steted above, at A.B.D. Pare
27 J J lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Tride, profession, or particular kind of work done, as SPINNER, Laboret	Dulle Data of onest
	My your Start
Salvation or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc	Alf silog freed
0. Date deceased lest worked et 11. Total time (yeers)	Leliken 3 7 gl f July
10. Date deceased lest worked et this occupation (month and lug24 spent in this occupation)	enter plant.
12. BIRTHPLACE (city or town) following.	Other Contributery Causes of importence:
(State or country) North Carolina	Mulesno
13. NAME Nake Wimborn	Tr Vinnouhoge
13. NAME / Cafee Wimborn  14. BIRTHPLACE (city or town)	Name of operation December 1
(Stete of country)	Whet test confirmed diagnosis 1000 was there en a popsy 100
15. MAIDEN NAME Tome Jones  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide to the control of th
(State or country)	Where did injury occur?
17. INFORMANT Savanah allysond	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.
(Address) (Ambredge ) (18. BURIAL, CREMATION, OR REMOVAL	The plant All
Plece Vaugh Semetry Date Defex 1, 1936	Menner of injury
Al Market in	Nature of injury
19. UNDERTAKER (Address) Province (Address)	24. Wes disease or Injury in any wey releted to occupation of deceased?
9 21 2/ N/	(Signed) red 4 fler asky and
20. FILED 8-3/, 1926 Cohw Wace Co. Registra.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS E	3Y PI	HYSICIAN
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